

# Missouri Rx (MoRx) Plan Enrollment Form

**You must live in Missouri and be enrolled in a Medicare Part D Prescription Drug Plan** to get benefits under the MoRx Plan.

Do not send this form if Missouri Medicaid or an employer-sponsored plan pays for your prescription drugs.

## I. Personal Information:

Last Name: _____	First Name: _____	Middle Initial: _____
Date of Birth _____ / _____ / _____	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Phone #: (_____) _____ - _____
SSN: _____ (Social Security Number)	MEDICARE Claim #: _____ (The number on your red, white & blue Medicare Health Insurance card)	
Name of your Medicare Part D Prescription Drug Plan: _____		
Residence Address: _____ Apartment/Lot No: _____		
City: _____ State: _____ Zip Code: _____ County: _____		
Mailing Address: (Complete <b>only</b> if you want your mail sent to a different address)		
Last Name: _____ First Name: _____ Middle Initial: _____		
Address: _____ Apartment/Lot No: _____		
City: _____ State: _____ Zip Code: _____		

## II. Race/Ethnicity (check all that apply):

White <input type="checkbox"/>	African-Amer. <input type="checkbox"/>	Hispanic <input type="checkbox"/>	Asian <input type="checkbox"/>	Nat. Hawaiian/Pacific Isl. <input type="checkbox"/>	Amer. Indian/Alaskan Native <input type="checkbox"/>
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## III. Check the ONE box that best describes your INCOME. Information required for MoRx eligibility.

Single, widowed, divorced or live apart from my spouse and: <input type="checkbox"/> My annual gross income is less than \$14,700* <input type="checkbox"/> My annual gross income is between \$14,700 and \$19,600	Married and: <input type="checkbox"/> Our annual gross income is less than \$19,800* <input type="checkbox"/> Our annual gross income is between \$19,800 and \$26,400
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## IV. Check the ONE box that best describes your LIQUID ASSETS. Liquid assets include the total value of your savings, investments, and real estate. Do not include your primary home, vehicles, burial plots or personal possessions.

This information is used for reporting purposes. **This does not affect your MoRx eligibility.**

Single, widowed, divorced or live apart from my spouse and: <input type="checkbox"/> My assets are \$11,500 or less* <input type="checkbox"/> My assets are greater than \$11,500	Married and: <input type="checkbox"/> Our assets are \$23,000 or less* <input type="checkbox"/> Our assets are greater than \$23,000
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\*You may be eligible for extra help with Medicare Part D costs. You can apply for extra help with the Social Security Administration if you have not already done so. Call SSA at 1-800-772-1213 to get an application for extra help.

## V. Sign and Date

<b>Your enrollment form is <u>not</u> complete unless it is signed. If you cannot sign, a representative may sign for you.</b>	
I certify and attest that the answers to the questions on this form, the items on the form, and the submitted required documentation are true and accurate. I understand that the MoRx Plan may check it against other government records or require additional proof from me at any time.	
Sign: _____	Date: _____
Check the appropriate box: <input type="checkbox"/> Applicant <input type="checkbox"/> Representative	